

PROVIDING MEDICAL CARE FOR MOTHERS¹

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Proper care during pregnancy and childbirth is of great importance for the health of both the mother and her child.

Antenatal care (prenatal care) to qualified medical personnel is important to keep track of pregnancy and reducing the risks to mother and child during pregnancy and childbirth. In Tajikistan, qualified personnel who are trained to assist in childbirth, include: doctors, nurses, midwives and medical assistants.

According to data of the Medical Demography Survey (MDS) of Tajikistan, in 2012 at least 79 percent of mothers received antenatal care once by skilled health personnel during the last birth that occurred during the five years preceding the survey. At the same time, there are significant differences depending on the age of the mother at birth, place of residence and level of education. The highest level of prenatal care observed among young women, mothers from the Sughd Region, and mothers with secondary and higher education compared to mothers of other groups. Women aged 35 and older are less educated, and it was figured out that the mothers from the Khatlon Region have received much less professional antenatal care than women from other regions of the country.

Compared with other countries to conduct similar studies, antenatal care coverage, i.e. the proportion of women receiving antenatal care provided by skilled health personnel in Tajikistan (79 percent) is the same as in the Azerbaijan MDS 2006 (77 percent), but significantly lower than in the MDS Armenia 2010 and MDS Ukraine 2007 (99 percent).

The Data of Ministry of Health of the Republic of Tajikistan gives evidence on low quality and volume of antenatal observation and care: only 70 percent of pregnant women get prenatal consultation, minimal volume of required observation is delivered for minimal number of pregnant. So, regular measurement of blood pressure and conducting obstetric examination takes place in 60-85 percent of cases, determination of blood group in 17.2 percent and iron sulphate tablets get only 51 percent of respondents.

The problem of home births

¹ According to data of the Medical Demography Survey (MDS) of Tajikistan, 2012

One of the serious problem in the country in recent years is high frequency of home births. According to official statistics, every year in the country registered more than 200,000 births. Home births in 1990 and 1995 was 19.0 percent and 19.1 percent respectively, and in 2000 it is rose up to 42.1 percent. With the gradual improvement of the socio-economic situation in the country over the past 5 years there have seen a tendency of reduction of this value, which in 2012 fell up to 10 percent.

This problem is actual in Khatlon, Gorno Badakhshan Autonomic Oblast and in the Districts of Domestically Subordination, where the proportion of home births is 36.9 percent, 40.8 percent and 35.1 percent, respectively. In some districts, the proportion of home births ranging from 60 up to 80 percent.

Conducted researches of the World Bank (WB-2003goda) found that the population in Tajikistan uses the services of maternity hospitals, depending on their income level: 42 percent of poor women seeking help in maternity hospitals and 52 percent from wealthy families -. More than 60000 women (40 percent) give birth at home and more than 25 000 of these births occur without the help of qualified medical personal, 60 percent of women receive postnatal care and care in the first 6 weeks after birth.

The importance of this problem is that home birth is often held in unsafe conditions, without providing adequate medical care by medical personnel did not passed special training in emergency obstetric care. At the same time, births often carried out unqualified, which contributes to the development of severe obstetric complications , in conditions that require emergency care in a specialized hospital (rupture of the uterus, premature detachment of normally situated placenta , hypotonic bleeding in the postpartum period, fetal and neonatal distress) . In turn, these cases define the high maternal and infant mortality in the country. Analysis of maternal deaths showed that 45.8 percent of women died in the postpartum period and had obstetric complications

Care at birth (obstetrics)

Skilled care and the creation of appropriate hygienic conditions during delivery can reduce the risk of infectious complications that can lead to death or serious illness of the mother, child, or both. In Tajikistan, medical workers deliver the majority of births (87 percent) and 77 percent of births take place in public health facilities.

There are significant differences in obstetric care, depending on the age of the mother and her place of residence. Young women and women living in urban areas are assisted in childbirth in a health facility and with the help of qualified medical staff, compared with older women and rural women.

For example, 80 percent of births to women aged 20 years and younger are delivered in a medical facility, compared with 61 percent of births to women aged 35 years and older. Similarly, 87 percent of births in urban areas were carried out in a health facility, compared with 74 percent of births in rural areas. About nine out of ten births in Sughd Region and the city of Dushanbe took place in a health facility, compared with six out of ten births in GBAO and Khatlon. Although about two-thirds of all births take place in health facilities in GBAO (65 per cent), skilled health personnel (93 percent) deliver almost all births. Proportion of births attended by health workers varies from 80 per cent in the Direct Rule Districts to 96 percent in the city of Dushanbe.

Maternal education is directly related to the likelihood that the deliveries are using a medical worker and that they take place in health facilities. Eight out of ten cases of labor by women with a common basic education are taken by competent health workers compared with almost all childbirths by women with higher education. About seven out of ten cases of births to mothers with a general primary education or below this level occur in health facilities, compared with nine out of ten births to women with higher education.

The proportion of women who were assisted by skilled health personnel at delivery in Tajikistan (87 percent), and the proportion of women who had births in health facilities (77 percent), such as indicators of Azerbaijan MDS 2006 (89 and 78 percent, respectively)². According to the MDS indices of Armenia in 2010³, the coverage of health care for women during childbirth by medical personnel (100 per cent), as well as of institutional deliveries (99 percent) was much higher in Armenia than in Tajikistan.

In the Multi-Indicator Cluster Survey (MICS), held in Tajikistan in 2005, information on antenatal care and the provision of medical care during childbirth was also collected. However, in the MICS 2005 figures were calculated on the basis of information about the latest births during the two years preceding the survey, compared with the five-year period prior to the survey in 2012 MDST. Thus, in order to compare the performance between the two studies, the levels of maternal mortality in MDIT 2012 have been recalculated on the basis of information on the latest labor for two years prior to the survey, as in the MICS 2005 for Tajikistan. The results show that in 2012 in Tajikistan most births (89 percent) were delivered by medical workers and 78 percent of births took place in health facilities, indicating a slight increase in the coverage of health care at childbirth by health care workers since 2005 (83 percent in the MICS 2005) and a significant increase in aid during childbirth in health facilities (62 percent in the MICS 2005). Coverage of prenatal (antenatal) care among women aged 15-49 who had a live child birth for two years prior to the survey in 2012 (80 per cent) is almost the same as in the MICS 2005 (79 percent).

² According to data of the Medical Demography Survey (MDS) of Azerbaijan, 2006

³ According to data of the Medical Demography Survey (MDS) of Armenia, 2010

Over the decade is practiced the development and systematically implementation of targeted national and sectoral programs to prevent and combat with most widespread diseases among women and children.

Within the framework of the implementation of the Strategic Plan of the Republic of Tajikistan on reproductive health for the period up to 2014 in the cities and districts of the country is conducted the number of interventions for the prevention of complications related to pregnancy and childbirth, provision and improvement of antenatal care, nutrition of pregnant women (micronutrient supplementation) training of health workers and those involved in the birth process and the involvement of the public and etc.

One of the most effective and proven directions for safe motherhood is to increase access to emergency obstetric care at all levels of health care. In order to achieve this purpose by the Government of the Republic of Tajikistan from August 2008, # 370 approved the National Action Plan of the Republic of Tajikistan on safe motherhood for the period up to 2014

Do not take into account the importance of problems of protection and ensure the improvement of maternal health of each nation and the country is impossible, and present investment in this area is an investment for the future of the nation and the state.